						شر ہ	$\sim$	~   ^	pplication	n or D	ocket Num	ber	
	PATENT	ION RECO	19759766										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		1
TC	OTAL CLAIMS	3	20				Γ	RATE	FEE	7	RATE	FEE	i
FC	)R		NUMBER FILED  2: O minus 20=		NUMBER EXTRA		-	asic fee	355.00	OR	Basic Fee	710.00	
rc	TAL CHARGE	ABLE CLAIMS					Γ	X\$ 9=		OR	X\$18=		
IDEPENDENT CLAIMS			4 minus 3 =		' /		t	X40=	41.	OR	X80=		
t	LTIPLE DEPE	NDENT CLAIM P	RESENT			0	H	405	40				
ľ	the difference	in column 1 is	less than :	zaro, ente	r "O" in o	column 2	L	+135=	205	OR	+270=		
		AILA P						TOTAL	395	lou	TOTAL	*14441	
1	113/04	(Column 1)	AMENDE	(Colu		(Column 3)		MALL!	ENTITY	OR	OTHER SMALL		
/		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.20	Minus	1.2	0	a	Γ	X\$ 9=	·	OR	X\$18≂		
	Independent	• 4	Miraus	200	4	<u> -</u>	十	X40=		OR	X80=	7 ,	ľ
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		T.	135=		OR	+270=		
								TOTAL			YOTAL		
	2-10-01	5 (Column 1)		(Colur	nn 2)	(Column 3)	AD	DIT. FEE		Jon.	ADDIT, FEE		
		REMAINING		NUMB	EST		Г		ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIO	JUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 13	Mirrus	. 2		. —		KS 9=	7 2.6	OR	X\$18=		
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							Ľ	135= 101AL		OR	+270=		
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		(Column 1)	1000000	(Colum		(Column 3)				•			ř
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER KUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	מבטו
l	Total		Minus	••		a	5	(S 9=		OR	X\$18=	1.2.	AVAILABLE
L	Independent	•	Minus	•••		9	1	(40=			X80-		ζ
l	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								·	OR	Von		ā
1	the entry in colu	run 1 is less than th	ארבו חל צימותם פו	uma 2. wrks	TV in cer	tena 3.	Ŀ	135=		OR	+270=		r
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE										OR	TOTAL DDIT, FEE		COPY
ï	The Tilighest Nurs	moer Previously Pal	d For (Total o	na arrive u nininpersia	(14) 후 (14) (14)	n J, erger "3," Trightest routest (		_	roptale box				t
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FORM PTO-675 (Rax, 800)